

**Credit Insurance Agent Notice of Appointment**

LIC.CI 20 (Rev 05/2001)

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

Information (800) 967-9331 or (916) 322-3555

[www.insurance.ca.gov](http://www.insurance.ca.gov)**CREDIT INSURANCE AGENT NOTICE OF APPOINTMENT**

Pursuant to CIC Section 1758.92(a)(2)

Insurer name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC#: \_\_\_\_\_ CA Company #: \_\_\_\_\_  
(Federal Employee Identification Number)**To the Insurance Commissioner of the State of California:**

Notice is hereby given that, effective from the date shown on this notice, the designated insurer hereby appoints the credit insurance agent named herein to act as its agent and certifies that it has satisfied itself that the named credit insurance agent is trustworthy and competent to act as its credit insurance agent.

Name of credit insurance agent being appointed: \_\_\_\_\_

Agent's Federal Employee Identification Number: \_\_\_\_\_

Effective date of appointment: \_\_\_\_\_

**Signature of insurer:**

(Signature must be that of an officer of the insurer or a person authorized under a Special Power of Attorney on file with the Department.)

\_\_\_\_\_  
Name (print)(\_\_\_\_\_) \_\_\_\_\_  
Phone Number\_\_\_\_\_  
Official Title

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

#53920 v1

\_\_\_\_\_  
Date